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|  <p>Michigan Department of Human Services</p> <p>CSA</p> <p>Children's Services Administration Communication Issuance</p> | Type: <input checked="" type="checkbox"/> Informational Memorandum (IM) <input type="checkbox"/> Program Instruction (PI) <input type="checkbox"/> Policy Guide (PG) | |
| | Issuance Date: 10/07/13 | Obsolete Date: 10/1/2014 |
| | Response Due: None | |
| | Log No.: 13-120 | |
| | Contact: Mary Somma, sommam@michigan.gov ; 517-373-9171 | |
| | Originating Office: BCW – Foster Care Program Office | |
| | Subject/Title: FY 14 Family Incentive Grant | |
| | Distribution: <input checked="" type="checkbox"/> DHS Child Welfare Staff <input checked="" type="checkbox"/> BCAL <input checked="" type="checkbox"/> Private Agency Child Welfare Staff <input checked="" type="checkbox"/> CWTI <input checked="" type="checkbox"/> CSA Central Office Managers/Staff <input type="checkbox"/> SACWIS <input checked="" type="checkbox"/> Native American Tribes <input type="checkbox"/> Data Management <input checked="" type="checkbox"/> DHS County Directors <input type="checkbox"/> Adult Services Staff <input type="checkbox"/> Other: | |

Public Act 59 of 2013, Section 574(2) reallocated \$375,000 to support family incentive grants to facilitate initial licensure of a foster home (recruitment) or licensure renewal for an existing foster family home (retention) through DHS reimbursement for appropriate home improvement expenditures. For Fiscal Year (FY) 2014, the act continues to allow for payment of physical exams for the foster family applicants.

The funds are available to all public and private foster care child placing agencies and their providers on a "first-come, first-served" basis for FY 2014 (October 1, 2013 through September 30, 2014). Once the funds (\$375,000) are exhausted, the reimbursement of payments to facilitate licensing will end. It is anticipated that the Family Incentive Grant (FIG) funds will be utilized to the full potential intended. This informational memorandum provides updated information and clarification on the FIG usage, eligible items and reimbursement process.

Eligible Services or Purchases

Funds can only be used to assist with a home improvement purchase or service to facilitate the licensure of a foster home or for payment for the required physical exam for the licensing applicant. The prospective foster parent **must** be enrolled with the Bureau of Children and Adult Licensing to be eligible for FIG. Any home improvement request over \$500 will require the prospective unrelated applicant or unrelated foster family to contribute a minimum of 50% of the total cost. An exception request can be made if the home improvement is required to reunite a sibling group. Examples of appropriate purchases/services from recent reimbursements include window egress installation, extermination, well repair, door frames, bathroom plumbing, electrical service, stairway hand rails, carbon monoxide/smoke detectors, trigger locks, gun lock boxes, and gun safes (\$250 maximum reimbursement).

The Family Incentive Grant is not a State Emergency Relief Program and requests are not immediately approved. In addition, caregivers **must** be enrolled with BCAL to be eligible for FIG funds. Other funds should be pursued first before using FIG funds.

Adoption and Foster Parent Recruitment and Retention funds (AFPRR) have similar eligibility requirements; therefore if the family is not eligible for FIG the family will not be eligible for AFPRR.

Beds/Mattresses/Cribs

Reimbursement for beds, mattresses, and cribs is limited to relatives in the licensing process and unrelated licensed foster parents if the purpose is to reunite siblings. The reimbursement limit remains at \$300 per relative or foster family per fiscal year. There may be special circumstances warranting an exception to this amount.

Ineligible Expenditures

FIG funds cannot be used for the following items:

- Pack'n Plays, portable cribs and play yards.
- Bassinets.
- Animal vaccinations.
- Physical exams for anyone other than the foster parent applicants (does not include other household members).
- Security deposits for rentals or utilities.
- Interpreters.
- Transportation costs or vehicles.
- Replacement of dirty or worn carpeting.
- Dressers or other furniture (other than the beds and mattresses as described above).
- File cabinets or fire-proof boxes.
- Items for a foster home applicant's biological children.
- Home improvements for rental homes.
- Items purchased at a yard/garage sale or Craig's List.
- Bedding (which includes sheets, blankets, pillows, crib pads, and all other bed linens).
- Personal needs.
- Infant supplies including outlet covers, cabinet locks, and baby gates.
- Any other item that is not a home improvement required for licensing.

Contact Mary Somma at sommam@michigan.gov for any clarification of fund reimbursement eligibility for a specific home improvement item or service. Payment vouchers submitted for ineligible items will be denied reimbursement for the ineligible expenditure amount.

Funding Cap

In order to assure the funds are maximized to the full benefit intended, the cap on fund expenditures remains \$500 (except for beds, see above) as in FY 2014. While a funding cap was established to support equity and availability amongst counties and agencies, there is an exception process in place for home improvements over the \$500 limit.

Exception Process

An exception process is required for all reimbursements over the \$500 cap. Exception requests must be made in advance and submitted in writing in the form of an electronic memo to ensure appropriate fund expenditure and reimbursement availability. Please note that the exception request has additional requirements. The exception request memo must include:

- Full name (first and last) of the relative or foster family. If the relatives or foster parents are a couple, include both parent names.
- Identification if the family is a relative or a licensed foster family.
- Item(s) or service(s) required to complete the licensing process.
- Specific licensing rule currently in noncompliance which will be rectified by the expenditure.
- Exact cost of the eligible home improvement item/service.
- Estimated time for completion of the improvement.
- The number of foster children currently placed in the foster home, each child's permanency goal and each child's progress to that goal, gender, and date of birth.
- Requestor name, agency, phone number, and email address.
- If the exception request is over \$1,500, indicate that the estimates will be faxed
- The exception request in the subject line of the email with the relative or foster family name/DHS County Office or private agency/FIG Exception.

Email the exception request to sommam@michigan.gov for review. Do not fax exception requests. The DHS response to the request will be submitted as a return email within 7-10 business days. Exception requests over \$1,500 require at least two estimates, submitted at the time of the request.

NOTE: All requests for exceptions are bound by the home improvement service or purchase eligibility requirements as outlined in the Eligible Services or Purchases section of this Informational Memorandum.

Receipts

Verifiable receipts are required for reimbursement. Written estimates cannot be used as a receipt. All receipts require review. Receipts must reflect appropriate purchases or services within the current fiscal year. The date of purchase must be legible on the receipt. Items not essential to the home repair project on the receipts are excluded from the reimbursement total. All verifiable receipts must document the entire expenditure or service has been paid in full and clearly document balance due is zero. A physician's office or medical clinic receipt with the applicant's full name is needed for reimbursement for physical/medical exams. In addition, documentation must be provided that states the physician's office or medical clinic conducted a physical/medical exam for each foster parent applicant.

Supervisor Oversight

Oversight by the foster care/licensing supervisors is required to ensure the appropriate use of funds, including verification that an expenditure is eligible for FIG reimbursement. It is important to ensure that relatives being licensed will be caring for children over a time period that warrants the expenditure.

Process for DHS Reimbursement and Forms Completion

DHS Responsibility – Completing the DHS-1291 form

1. The county and worker number must be entered in the appropriate boxes (#10-13).
2. In area #17, check the box "Other (Specify)" and enter "Family Incentive Grant".
3. Box #20, 21, 22, & 24: list the name and address of the person or vendor to whom the check or purchase order will be sent, including the SS number (individual) or Federal Employer ID number (business).
4. Box #23: list the specific goods or services authorized. **Indicate** if expenditure is for a relative or non-relative licensed home. **Please include full foster family name if not payee in box #20 or #38.**
5. Attach original receipt or copy, invoice or request for purchase order to the DHS-1291.
6. Submit completed DHS-1291 form along with the authorization documents (receipts/invoices/purchase order requests) to the supervisor for approval.
7. **Exceptions** - Include copy of original exception request memo and approval email.

DHS Supervisor Responsibility – DHS-1291 form

The local office foster care/licensing supervisor reviews the DHS-1291 and receipt/invoice/purchase order to verify appropriate home improvement purchase/service and amount of expenditure and to ensure accuracy for specified funding account. The DHS supervisor also reviews the DHS-1291 to ensure the worker specified that the expenditure is for a relative or non-relative foster home.

DHS Local Office Responsibility (See attached job aid, Payment/Reimbursement Process)

1. Include the DHS-1291 as usual to issue payment to payee/vendor.
2. Prepare DHS-1582, Payment Voucher, using the coding below for each funding source to obtain reimbursement:
 - Family Incentive Grant Title IV-E Eligible - Index Code 64450 Program Cost Code 72562
 - Family Incentive Grant General - Index Code 64450 Program Cost Code 72563
3. For either funding sources, the AOBJ (Grp 05) are coded as follows:
 - 6125 - purchased services.
 - 6245 - Title IV-E expenditures (except health related services).
 - 6114 - purchased health related services (for physical exams only).
4. The N.I.G.P. Commodity Code for all funding is FTR-16-32, (box #16).
5. Box #12 Vendor Invoice Number on the DHS-1582 must include the date the service was completed or the date the item was purchased, MMDDYY.

Additional payment processing requirements for the DHS-1582

6. Box #14 - Message/Notepad must include the full name(s) of the foster parent(s).
7. Box #18 - Complete Description of Item or Service box must be completed to accurately reflect item or service purchased (i.e. match invoice/receipt).
8. Box #21, 22, 23 - **Contact Person Name is Mary Somma, (517) 373-9171, GTB #510.** DHS Central Office Accounting requires the contact person information within DHS Central Office for this fund. Please complete boxes accordingly; this will prevent payment vouchers from being erroneously rerouted.
9. Box #24/25 - Authorized Approval Signature of DHS employee-only one DHS local office authorized signature. The second box must remain open for the signature of Nancy Rostoni, Foster Care Manager. Box #26 must be entered with the following name **only**: Nancy Rostoni.

Mail the DHS-1582 along with all payment documentation; copies of DHS-1291, checks/warrants, receipts/invoices and exception memo/approval (if applicable) for processing to the address below.

Process for Wayne County DHS (only)

Wayne County DHS does not reimburse the county treasurer, as the county does not have a Social Welfare fund. Therefore, the reimbursement process for Wayne County DHS is different. The payment is processed directly into MAIN. However, all Payment Vouchers, DHS-1582, require initial review by the DHS Foster Care Program Office within Central Office (FCPO) for eligibility, tracking and monitoring of the funds. Prior to submitting a FIG reimbursement, the payment voucher must first be submitted to the DHS FCPO for the review. Once the FCPO has completed the review, the voucher will be faxed back to the Wayne County DHS worker for payment processing. For the review and tracking process, Wayne County must fax the DHS-1582 to Mary Somma @ 517-241-7047. Include the DHS worker name and fax number for return. The FIG reimbursement process for Wayne County is for homes licensed by DHS. The instructions specific to FIG expenditures, eligibility, receipts and exception requests remain applicable. If the relative home is referred to a private agency for licensing, the private agency is to reimburse the relative home as indicated below.

Process for Private Agency Foster Care Providers

The instructions specific to expenditures, eligibility, receipts and exception requests are applicable to the PAFC providers. The private agencies are also required to first reimburse the foster parent or service provider and then submit the payment documentation to DHS Foster Care Program Office for reimbursement to their agency.

Reimbursement will be made to PAFC providers, provided that the appropriated funds are available, with the following documents:

- Receipt or invoice for eligible item or service (must include the foster home applicant name).
- Invoice on agency letterhead billing DHS for the amount indicated on the receipt. The agency invoice must include the full name of the foster parent(s), the item/service expenditure and a **unique invoice number** (entered in box #12 on the DHS-1582).

- Copy of the agency check reimbursing the foster parent or contractor.
- DHS-1582, Payment Voucher with the agency mailing address and Federal ID number. Complete boxes #14,18, 21, 22, 23 as noted above.
- PAFC contract number must be in box #14.

Exceptions - Include copy of original exception request memo and approval email.

DHS and Private Foster Care Agencies

Process the DHS-1582 as soon as payment has been made to ensure prompt reimbursement and to assist with the timely monitoring and tracking of expenditures for the state.

Incomplete or incorrect authorizations will be returned for correction. The Foster Care Program Office will forward all correct Payment Vouchers, DHS-1582, with the supporting payment documentation to DHS Central Office Accounting for processing.

Submit all required reimbursement documentation to:

Mary Somma, Departmental Analyst
MDHS, Suite 510
Foster Care Program Office
235 S. Grand Ave.
Lansing, MI 48933
Fax: 517-241-7047

DHS FAMILY INCENTIVE GRANT
Payment/Reimbursement Process Job Aid for the DHS-1582 and DHS-83

Family Incentive Grant (FIG) payments are processed through MAIN. To avoid FIG payment delays, all vendors, including prospective and licensed foster parents must be registered in MAIN through the State of Michigan Contract & Payment Express (C&PE) system.

Enrollment in C&PE is completed online. The website, www.michigan.gov/cpexpress will lead the vendor through the enrollment process. The vendor will need to create a user id and a password.

There will be two processes in place to reimburse vendors through FIG.

The DHS-1582 will be used to pay a vendor/service provider, or reimburse prospective or licensed foster parents. The vendor/service provider or foster parent will now be the payee and all corresponding information, address, SSN or Federal ID number and address/mail code will be that of payee, not the local DHS office. The following must be submitted to **Mary Somma**.

- The vendor must be registered on MAIN
- The completed DHS-1582
- A copy of the approval e-mail (if applicable)
- A completed DHS-1291
- A verifiable receipt or invoice of work completed

Note: Payments that are set up for EFT will be directly deposited and no check will be sent. It may take up to four (4) weeks for the payee to receive payment.

The DHS-83 will be used when a manual warrant request is needed, refer to the sample at the end of this memorandum. The DHS-83 requesting a manual warrant is to be used in situations where a check is made directly to a merchant or service provider and not a prospective or licensed foster parent. The following must be submitted to **Mary Somma**.

- The merchant or service provider must be registered on MAIN
- The completed DHS-83
- A copy of the approval e-mail (if applicable)
- A completed DHS-1291
- An estimate stating what is to be purchased or what work needs to be completed and the amount requested

Note: These documents will not be returned to you, retain a copy for your case file.

Submit all required reimbursement documentation to:

Mary Somma, Departmental Analyst
MDHS, Suite 510
Foster Care Program Office
235 S. Grand Ave.
Lansing, MI 48933

If vendors have any questions about MAIN or need assistance with registering, please refer them to the **OFM Help Desk**, phone: (888) 734-9749, or email: dmb-vendor@mi.gov.

MICHIGAN DEPARTMENT OF HUMAN SERVICES

Bureau of Accounting

MANUAL WARRANT REQUEST

TO: Michigan Department of Human Services
Payment Processing Unit, Suite 1103
P O Box 30037
Lansing, MI 48909

Fax: (517) 335-6457

FROM: DHS Office
Address
Address

Date: Required

PURPOSE FOR REQUEST:
Family Incentive Grant

| | | | |
|------------------------------|-------------------------------|---------------|------------------|
| AMOUNT | MAKE CHECK PAYABLE TO: | | |
| \$ Required | Vendor Name | | |
| Address (Street) Required | City: Required | State Requ | Zip Code Requ |

Accounting Information (fill out ALL fields):

| | | | | |
|------------------------------------|------------------|-------------------|-----------------|---------------------------|
| FEIN / SSN | Mail Code | Index Code | PCA Code | Agency Object Code |
| Required | Required | 64450 | | |
| N.I.G.P. Commodity Code | FTR-16- 32 | CS-138 | Leave Blank | |

If registration request, provide attendance names and deadline:

Requestor Name, email address and telephone number.

Date(s) of event:

Item to be purchased or service to be performed.

Other information:

Foster Parent(s) First & Last Name, BCAL Enrollment Number, Unrelated, Relative or Licensed Unrelated or Licensed Relative

Attached is the **ORIGINAL** vendor document that I (we) understand will be retained in the Bureau of Accounting files. If the original document is available, then one (1) person from the Payment Authorization Listing (PAL) must sign the request. If the original document is not available, then two (2) people from the PAL Listing must sign the request. A person **CANNOT** sign if he/she is the person being registered.

Please mark one of the following:

☐ Pickup warrant please call _____ when ready.

☒ Mail warrant to:

(County) DHS Office

Address & Requestor Name check needs to be mailed to.

| | | | |
|--------------------------------------|------------------------------|--|------|
| Contact Person Name Nancy Rostoni | Phone Number 517 335-6071 | Address 235 S Grand Ave. Ste 510, Lansing, MI 48933 | |
| Authorized Signature | Date | Authorized Signature | Date |
| Print Name | | Print Name | |

PAYMENT VOUCHER

Department of Human Services

FOR DHS ACCOUNTING USE ONLY

Voucher Number

Instructions:

* See Reverse Side for Non-Discrimination Statement and P.A. 431 Information

| | | | | | | | | | |
|---|--|---|---|---|---|-----------------------------|---|--|--|
| 1. a. Payee / Vendor Names Vendor Name | | | 3. Department Code 4 3 1 | | 4. Audited | | 5. Due Date | | |
| b. Supplemental Name (If Applicable) | | | 6. Payee Type (Check One) <input checked="" type="checkbox"/> BUSINESS | | → 2 | | 6A. Federal Employment ID No. 38-XXXXXXX | | |
| c. Supplemental Address (If Applicable) | | | x INDIVIDUAL | | → 3 | | 6B. Social Security No. xxx-xx-xxxx | | |
| d. Delivery Address (If Applicable) Vendor Address | | | 7. Purchase Order Number | | | 8. Address/Mail Code XXX | | 9. Date Prepared | |
| e. City | | f. State | g. Zip Code | | I certify the goods/services shown below were provided and the amount of this voucher is proper. | | | | |
| h. Country (If Other Than U.S.) | | 2. Special Handling Needed? <input type="checkbox"/> NO <input type="checkbox"/> YES | | 10. Vendor Signature (To be signed if invoice is not submitted) Date | | | | | |
| 11. Voucher Description: 32 Characters (Information Vendor Needs to Identify Payment) Family Incentive Grant | | | | | | | | | |
| 12. Vendor Invoice No. Required Field | | | 14. Message/Notepad: (Additional Information to the Payee, If Needed) Full Foster Family Name (Include both names for a couple) | | | | | | |
| 13. Blanket Purchase Order No. | | | Indicate Relative Home or Unrelated, Enrollment # if applicable | | | | | | |
| 15. This Area is Reserved for Intradepartmental Information Requestor name, requestor email address and telephone number. | | | | | | | | | |
| 16. N.I.G.P. Commodity Code | | 17. CS-138 | | 18. Complete Description of Item or Service | | | | 19. Item Amount | |
| FTR-16-32 | | | | Twin Bed Twin Mattress | | | | \$ 100.00 \$ 130.00 \$ \$ \$ \$ \$ \$ | |
| 21. Contact Person Name Mary Somma | | | | | 22. Phone No. (517) 373-9171 | | | 20. Voucher Total \$ 230.00 | |
| 23. Location / Address DHS-Grand Tower, Ste. 510 | | | | | | | | | |
| I certify that these expenditures were pre-approved and necessary to accomplish the DHS mission according to the executive directive criteria. The most cost effective option available and that the items claimed represent proper charges. Check one box only. <input checked="" type="checkbox"/> 1. Legal Mandate <input type="checkbox"/> 2. Health & Safety <input type="checkbox"/> 3. Budgetary Savings <input type="checkbox"/> 4. OPR Supplies/Services/Travel | | | | | | | | | |
| 24. Authorized / Approval Signature of DHS Employee Date | | | | | 25. Authorized / Approval Signature of DHS Employee Date | | | | |
| 26. Print Name Nancy Rostoni | | | | | 27. Print Name | | | | |
| 28. Distribution Method: | | 29. Agency Code | | 30. Approp. Year | | 31. Index Code | | 32. Program Cost Account (PCA) | |
| A. <input type="checkbox"/> SINGLE | | 431 | | 2 0 1 3 | | | | | |
| B. <input type="checkbox"/> MULTIPLE (Enter Dollar Amounts in Column 35) | | 431 | | 2 0 | | | | | |
| | | 431 | | 2 0 | | | | | |
| | | 431 | | 2 0 | | | | | |
| | | 431 | | 2 0 | | | | | |
| | | 431 | | 2 0 | | | | | |
| | | 431 | | 2 0 | | | | | |
| | | 431 | | 2 0 | | | | | |
| 36. Total → | | | | | | | | \$230.00 | |

INSTRUCTIONS

IMPROPER OR INCOMPLETE PAYMENT VOUCHERS WILL BE RETURNED AND REQUIRED

RESUBMISSION. It is especially important to assure that the account coding structures are accurate and that the payment voucher has proper authorized signature(s). **NOTE:** Remove all paper clips and staple the original vendor invoice, billing, etc., to the back of the DHS-1582 Payment Voucher. **DO NOT** attach payment envelopes, payment stubs, or additional copies of the DHS-1582 to the payment voucher. Payment Vouchers submitted without the original documentation require two PAL (Payment Authorization Listing) signatures. Print clearly or type payment voucher.

- 1a. Enter **FULL** legal name of business or **FULL LEGAL** name of individual.
- 1b. Enter supplemental name.
- 1c. Enter supplemental name.
- 1d. Enter address where payment will be sent. **DO NOT** address payments to DHS address in accordance with DMB policy.
- 1e. Enter city name in full.
- 1f. Enter the two-character abbreviation only.
- 1g. Enter either 5 or 9 digit zip code.
- 1h. Central office use only.
2. Central office use only.
3. Enter 5 digit department code after the 431#.
4. Central office use only.
5. Central office use only.
6. Enter payee FEIN#.
- 6b. Enter payee Social Security number.
7. Enter Purchase Order number if applicable.
8. Enter mail code if known or check ADPICS.
9. Enter date prepared.
10. If an invoice is not submitted, vendor **MUST** sign here.
11. Enter information needed by the payee to identify the payment, i.e., account number, names of persons or program for which payment is being made.
12. Enter vendor invoice number. This box **MUST** be filled out. If no invoice number is applicable, use date of service, receipt number, account number, etc.
13. Enter Blanket Purchase Order number if applicable.
14. Enter Message/Note Pad additional information to payee that will appear on the check stub or note pad.
15. Enter information important to the department.
16. Enter N.I.G.P. Commodity Code. **DO NOT** leave blank.
17. Enter CS-138 number if the commodity code being used in Box 16 starts with the number '9'. For assistance, please see state intranet site http://www.michigan.gov/mdcs/o,1607,7-147-6879_9331---,00.html
18. Enter Complete Description of item or service.
19. Enter amount.
20. Enter total dollar amount of payment voucher.
21. Enter full name of contact person.
22. Enter phone number of contact person.
23. Enter location/address of contact person.
24. Signature of authorized DHS employee from the PAL (Payment Authorization Listing). **DO NOT** use black ink. Signature must be exactly as it appears on payment authorization list. Person signing must not have authorized procurement. When signing the voucher you are verifying that the expenditures were pre approved and necessary to accomplish the DHS mission according to the Executive Directive criteria. You must check only one of the 4 categories certifying that costs have been incurred in accordance with the Executive Directive 2007-17.
25. Second authorized PAL signature is needed if original invoice is a copy or fax.
26. Authorized signer **CLEARLY PRINT** name.
27. Second authorized signer **CLEARLY PRINT** name if applicable.
30. Enter appropriation year.
31. Enter index code.
32. Enter program cost account (PCA).
33. Enter agency object code.
34. Enter AC2 code if applicable.
35. Enter dollar amount.
36. Enter total dollar amount of payment voucher.